



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/611,974

Applicant: Tsung-I Yu

Filed: July 3, 2003

Title: SECURITY DEVICE OF
POWER RECEPTACLE

Confirmation No.: 4217

Group Art Unit: 2833

Examiner: James R. HARVEY

Attorney Docket: YUTS3010/WKP

Customer No.: 23364

AMENDMENT AND RESPONSE

MAIL STOP NON FEE AMENDMENT

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed November 12, 2003 in the above application. Reconsideration of the application is requested in view of the amendments and the remarks that follow. All claim cancellations and/or amendments are made without prejudice or disclaimer.

Please amend the above-identified application as follows:

Amendments to the Abstract begin on page 2 of this paper.

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Drawings begin on page 4 of this paper.

Amendments to the Claims are reflected in the listing of the claims which begins on page 5 of this paper.

Remarks begin on page 8 of this paper.

Attachments following page 9 of this paper: 3 sheets containing corrected Figures 3, 4 and 7-9; Marked-up Version of the Original Specification; and Substitute Specification.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: TSUNG-I YU

SERIAL NO.: 10/611,974

GROUP ART UNIT: 2833

FILED: July 3, 2003

EXAMINER: James R. HARVEY

FOR: SECURITY DEVICE OF POWER RECEPTACLE

ATTY. REFERENCE: YUTS3010/WKP

CONFIRMATION NO.: 4217

MAIL STOP NON-FEE AMENDMENT

COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a **AMENDMENT AND RESPONSE** in the above-identified application.

- ☒ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
- ☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	7	- 20 ¹	= ³	× \$ 9 = \$0.00	× \$ 18 =
Independent Claims	1	- 3 ²	= ³	× \$ 43 = \$0.00	× \$ 86 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$145 =	+ \$290 =
TOTAL				\$0.00	

¹ If less than 20 enter 20.² If less than 3 enter 3.³ If less than 0 enter 0.

- ☐ Please charge my **Deposit Account Number 02-0200** in the amount of \$ _____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number 02-0200**. A duplicate copy of this sheet is attached.
- ☒ Also enclosed is/are: **Substitute Specification; Marked-up Copy of Original Specification; and Three Sheets of Drawings containing corrected Figures 3, 4 and 7-9**

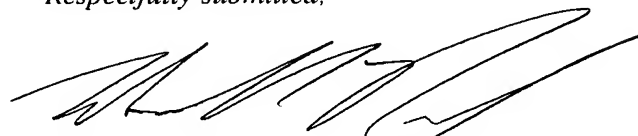
23364

Customer Number

Phone: (703) 683-0500

DATE: January 12, 2004

Respectfully submitted,



WONKI K. PARK

Attorney for Applicant

Registration Number: 38,991